

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **-62-022848**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **881** Primary Registration District No. **3639** Registrar's No. **132**

**FILED JUL 2 1962**

VS 300  
Rev. 4/59

**6585**

**7585**

3

4 **1**

5 **1**

6

7 **0**

8 **0**

**9350X**

10

11

**1290-2**

**132-0**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Brookfield</b>		c. CITY OR TOWN <b>Brookfield</b>	
Length of stay in 1b <b>47 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>216 West Prairie</b>		d. STREET ADDRESS (If outside, give location) <b>216 West Prairie</b>	
3. NAME OF DECEASED (Type or print) First <b>CLARA</b> Middle <b>EVELYN</b> Last <b>LESH MORRIS</b>		4. DATE OF DEATH Month <b>June</b> Day <b>27</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/7/1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Welder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>	
13a. FATHER'S NAME <b>Louis Lesh</b>		13b. MOTHER'S MAIDEN NAME <b>Geneva Tripp</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>3 Frank morris, Brookfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Paralysis Agitans</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Brookfield Mo</b>	
20g. COUNTY <b>Linn</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>1960</b> to <b>June 27</b> and last saw her/him alive on <b>June 25-1962</b> Death occurred at <b>June 27-1962 1:15 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W.B. Simpson</b>		22b. ADDRESS <b>Brookfield Mo 64501</b>	
22c. DATE SIGNED <b>June 30, 1962</b>		22d. LOCATION (City, town, or county) (State) <b>Brookfield, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 30, 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Brookfield, Missouri</b>	
24. FUNERAL DIRECTOR <b>Hill Funeral Home, Brookfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-29-62</b>	
26. REGISTRAR'S SIGNATURE <b>Annie Watson</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUL 10 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed B. J. Lindley

Licensed Embalmer No. 822

P. O. Address Chillicothe Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.